

Nebraska Senior Health Insurance Information Program (SHIIP) Client Contact Form

Counselor Name: Counseling Location Zip Code: _____	Type of Client/Assistance Requested by: (check all that apply) Beneficiary (self) Couple Caregiver (family member, conservator) Agency	How Did Client Learn About the SHIIP: (check only one) CMS (1-800-Medicare, www.Medicare.gov, Medicare & You, CMS mailing) Presentations/Fairs State-specific mailings/brochures/posters Agency (senior org, disability org, Social Security) Friend/Relative Media (PSA, ad, newspaper, radio, etc.) Other: _____ Not Collected
Date of Initial Contact: ____ / ____ / ____ month / day / year	Type of Contact: (check only one) Quick call (<10 min) Telephone In-Person (site) In-Person (home visit) E-mail/fax/postal mail	Total Time Spent: _____ hours _____ minutes
Date if Multiple Contact: ____ / ____ / ____ month / day / year	Type of Contact: (check only one) Quick call (<10 min) Telephone In-Person (site) In-Person (home visit) E-mail/fax/postal mail	Total Time Spent: _____ hours _____ minutes

SECTION 1 – BENEFICIARY INFORMATION

Beneficiary Name: _____ <div style="display: flex; justify-content: space-between;"> First Last </div>	Beneficiary Zip Code: _____
Representative Name (if applicable): _____ <div style="display: flex; justify-content: space-between;"> First Last </div>	Beneficiary Telephone #: (_____) _____ - _____

SECTION 2 – BENEFICIARY DEMOGRAPHICS

Age: Date of Birth: ____ / ____ / ____ OR month / day / year Under 65 years 65 – 74 75 – 84 Not Collected 85 or older Gender: Disabled: Female Yes Male No Not Collected Not Collected	Monthly Income for 2005: Over 150% of FPL (individual \$1196, couple \$1604) Below 150% of FPL (individual \$1,196, couple \$1,603) Not Collected	Race/Ethnicity: American Indian or Alaska Native Asian Black or African American Hispanic or Latino Native Hawaiian or other Pacific Islander White, Not of Hispanic origin Other Not Collected
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SECTION 3 – TOPICS DISCUSSED (check all that apply)

Prescription Assistance: Medicare Prescription Drug Coverage (PDP/MA-PD): Plan eligibility, benefit comparisons Low-income assistance - eligibility, benefit comparisons Enrollment / application assistance Claims / billing Appeals/quality of care/complaints Other Sources of Prescription Drug Coverage/Assistance: Medicare-Approved Drug Discount Card Union/Employer plan Manufacturer's Assistance Program Discount plans Other: _____	Medicare (Parts A and B): Enrollment, eligibility, benefits Claims/billing Appeals/quality of care/complaints Medicare Advantage (HMO, PPO, PFFS, POS): Enrollment, disenrollment, eligibility, comparisons Plan or benefit changes/non-renewals Claims/billing Appeals/quality of care/complaints Medicaid (enrollment, eligibility, benefits): QMB/SLMB/QI Other Medicaid	Medigap/Supplement/SELECT: Enrollment, eligibility, comparisons Change coverage Claims/appeals Other: Long-Term Care Fraud and Abuse Military Health Benefits Employer Health Plan or Federal Employee Health Benefits Program Customer Service issues/complaints Other: (ie: CHIP, COBRA) _____
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